ANNOUNCEMENT

- To Register for the Monthly Disease Surveillance Trainings:
 - Contact your Service Surveillance HUB to receive monthly updates and reminders
 - 2. Log-on or Request log-on ID/password: https://tiny.army.mil/r/zB8A/CME
 - 3. Register at: https://tiny.army.mil/r/7laAB/EpiTechFY16
 - ***NOTE: this is the first session of the FY so all new and returning participants need to register***
- Confirm attendance:
 - Please enter your name/service into the DCO chat box to the left or email your Service HUB
 - You will receive a confirmation email within 48 hours with your attendance record; If you do not receive this email, please contact your Service HUB











Navigating DRSi

Asha Riegodedios, Staff Epidemiologist Navy and Marine Corps Public Health Center 27 October 2015

Outline

- DRSi Introduction
- Reporting a Medical Event
- Reporting an Outbreak
- How to Find your Reportable Cases
- Summary reports



DRSi – Things You Should Know

- Program of Record under the DON CIO
- Armed Forces system used by Navy, Army, Air Force, and Coast Guard
- All users talk from one single database
- Service-specific web-portals
- This training is not meant to be a step-by-step "how to use DRSi"
 - Visit NMCPHC's DRSi Training Guides webpage at:
 http://www.med.navy.mil/sites/nmcphc/program-and-policy-support/drsi/drsi-training-guides/Pages/default.aspx
 - Training slides and quick guides that you can print out
- Today's training will focus on how to use DRSi optimally



DRSi – Important Directives and Resources

- Armed Forces Reportable Medical Events Guidelines and Case Definitions
- Navy:
 - BUMED INST 6220.12C "Medical Surveillance and Medical Event Reporting"
 - NMCPHC-TM-PM 6220.12 "Medical Surveillance and Reporting
 - Available at: http://www.med.navy.mil/sites/nmcphc/program-and-policy-support/disease-surveillance/Pages/default.aspx
- Air Force: AFI 48-105 "Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance"
- Army: AR 40-11 "Medical Services: Preventive Medicine"



REPORTING A MEDICAL EVENT



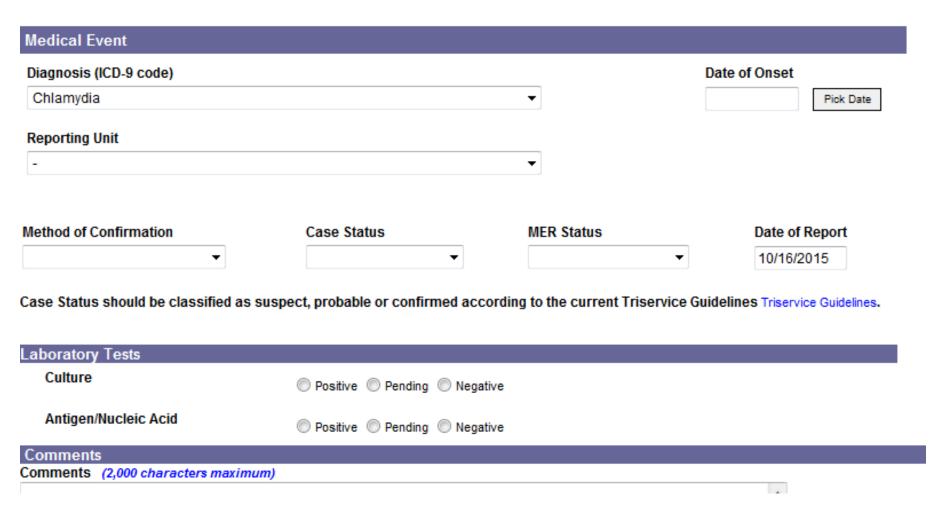
Reporting a Medical Event

	Help	About
NDRSi :: Enter/Edit Medical Event Reports by SSN		
Welcome: Asha Riegodedios		
Instructions: Enter/Edit a Medical Event Report for a Sponsor or a Dependent, enter a SSN in the box below and select 'Submit.'		
Search on Sponsor's SSN Search on Dependent's SSN		
SSN: 999999999 Submit Manage Sponsor/FMP Profile		
Select the FMP code associated with this Sponsor's account: 20 Doe, Jane ▼	3	X
liet of Dreviously Filed Medical Event Deports for this Patient		

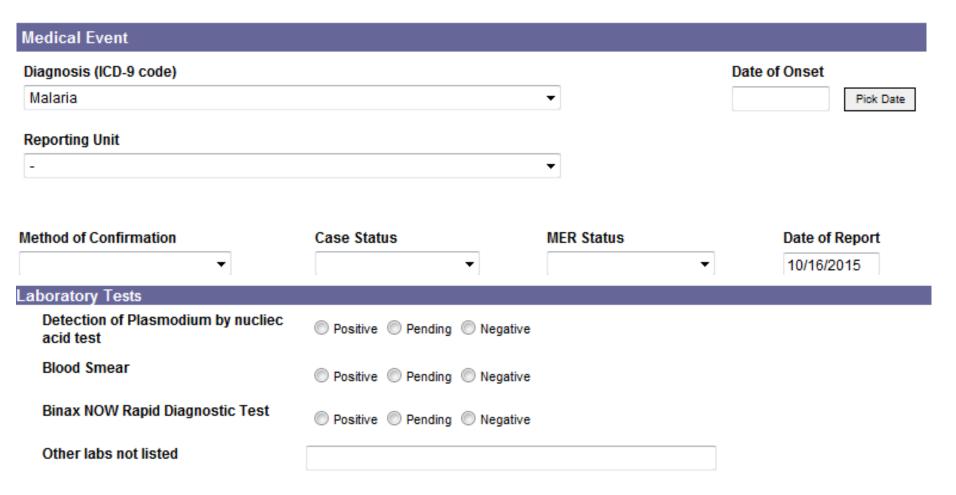
List of Previous	y Filed Medical	Event Reports for	r this Patient:
------------------	-----------------	--------------------------	-----------------

Case ID	FMP	Sponsor SSN	Name	ICD9CODE 🍸	Date of Onset	ļ	Date of Report	Å↓	Case Status	MER Status	Original Reporting Unit	
144394	20 - Sponsor	999999999	Jane Doe	Tuberculosis; Pulmonary	8/6/2012		8/14/20)12	Confirmed	Final	39167	asha.riegoded
625318	20 - Sponsor	999999999	Jane Doe	Gonorrhea	5/1/2013		5/2/20	13	Confirmed	Final		asha.riegoded
645468	20 - Sponsor	999999999	Jane Doe	Chlamydia	1/15/2014		1/15/20)14	Probable	Final	0112	No
755292	20 - Sponsor	999999999	Jane Doe	Chlamydia	11/6/2014		11/7/20)14	Confirmed	Final		asha.riegoded

Reporting a Medical Event - Chlamydia

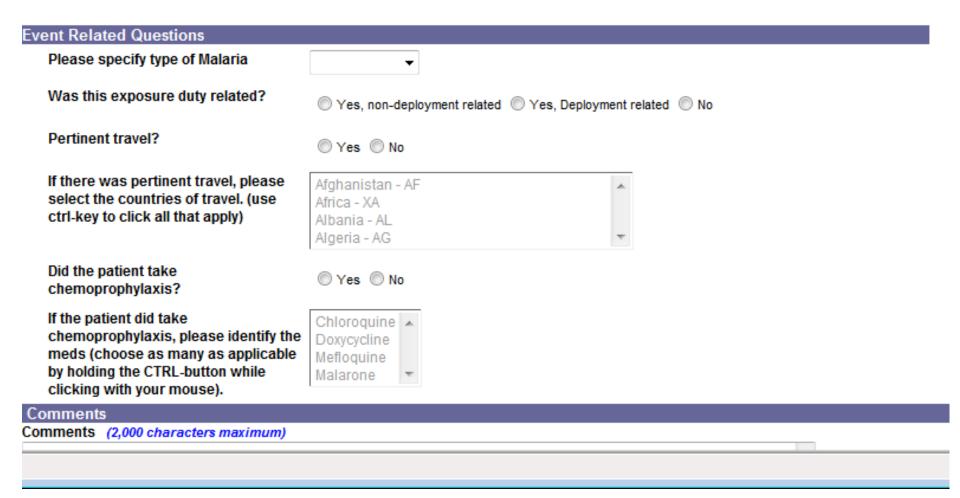


Reporting a Medical Event - Malaria





Reporting a Medical Event - Malaria





Reporting a Medical Event - Tuberculosis

Laboratory Tests	
Sputum AFB Smear	Positive Pending Negative
Culture	Positive Pending Negative
Nucleic Acid amplification test	Positive Pending Negative
Other labs not listed	
Event Related Questions	
Is this case a contact of a known/suspect active TB patient?	◯ Yes ◯ No
Is there evidence of multi-drug resistance (resistance to 3 or more drugs)?	○ Yes ○ No
Was this exposure duty related?	○ Yes, non-deployment related ○ Yes, Deployment related ○ No
Pertinent travel?	◯ Yes ◯ No
If there was pertinent travel, please select the countries of travel. (use ctrl-key to click all that apply)	Afghanistan - AF Africa - XA Albania - AL Algeria - AG
Comments	
Comments (2,000 characters maximum)	



REPORTING AN OUTBREAK



Reporting an Outbreak

- When is an outbreak reportable?
- If you have a cluster of illnesses that is occurring beyond what is expected – this is an outbreak
- Report any cluster of illness that is giving you pause, even if it is just simple diarrhea without any lab confirmation
- Outbreaks are reportable even if you don't have lab confirmation
 - Outbreaks often don't have lab confirmation
- Report an outbreak if:
 - You are looking for cases
 - You are seeking causes
 - You are instituting control measures



Reporting an Outbreak

Case Narrative

1. Case Definition with specific symptoms/signs; (i.e. fever greater than 100.0 F, laboratory confirmed, vomiting, etc.):

Patients are presenting with acute onset of nausea, vomiting, and diarrhea along with body aches and chills. Very few had tempertures above 100.0. The vast majority have recovered after one day of SIQ, the vast majority feel better and return to work after 24 hours

2. Laboratory test description (indicate specimen tested and whether patient, food or water):

Five NOROVIRUS samples were sent to NEPMU2 in Norfolk on 19 JUn 15 for comfirmation. Awaiting status of lab results.

Investigation description (include specific questions asked/surveys/travel history, diet, animals, insects, berthing, work pace, water sources, food preparation areas, waste disposal, social contacts, deployments, shore activities/sexual contacts, exposure to local populations):

Our investigation shows that affected patients come from a cross-section of almost all departments. No specific work center, berthing, or galley appears to be a focus of infection.

4. Preventive measures taken: (list specific options: galleys closed, immunization or medications given, handwashing implemented, berthing spaces cleaned, DEET or permethrin applied, extermination of pests, isolation of cases, etc.)

We are treating only with antiemetics if needed. We are taking additional steps in enforcing handwashing and paying extra attention to wiping down contact surfaces in all heads and on ladders and hatches. Self-service in the crew galleys will terminated on the 17th starting at midrats and has continued. We will ensure senitation measures are reinforced in all messes. Hand senitizer has been placed in all common areas on heard and re-supply



HOW TO FIND YOUR REPORTABLE CASES

How to Find Cases

- Passive versus Active Surveillance and Reporting
 - Passive: wait for providers to report to you
 - Active: actively seek cases even in absence of provider reporting
- Limitations of provider reporting
 - Lack of knowledge
 - Lack of interest
 - Conscious decision not to report in lieu of other requirements



How to Find Cases

- Military MTF employs active surveillance and reporting by empowering Preventive Medicine departments
 - CHCS ad hocs of lab results, admissions, infection control orgs **
 - Review sick call logs
 - Host lunch and learn series for providers
 - Work with infection control
 - Maintain continuous line of communication with civilian authorities
- Access to lab data is an important part of the list above



How to Find Cases – DRSi Case Finding Module

- NMCPHC receives daily feeds of MTF CHCS lab data
- These data are combed for results indicative of reportable events
- Case Finding (CF) Records are then created to help you in your initial step of finding cases
 - CF records ARE NOT medical event reports
 - Some records may reflect reportable events
 - Some records may not be reportable
 - They are designed to provide you with a valid "CHCS ad hoc" to then follow-up as usual and see if the event is reportable



How to Find Cases – DRSi Case Finding Module

Sponsor SSN	FMP	Potential Diagnosi:	Date of Event 21	MTF 🌄	Classification 🍸	Classification Criteria	Create MER?	Delete Case?
-	01 - Dependent child of Sponsor	Shigellosis	1/31/2010		Positive	positive stool culture	3	
	30 - Spouse of Sponsor	Chlamydia	1/26/2010	هدهالسد	Positive	Positive lab test in a genital specimen	3	
	01 - Dependent child of Sponsor	Chlamydia	1/26/2010		Positive	Positive lab test in a genital specimen	***	
-	02 - Dependent child of Sponsor	Chlamydia	1/25/2010	حگ	Positive	Positive lab test in a genital specimen	3	
	30 - Spouse of Sponsor	Chlamydia	1/25/2010		Positive	Positive lab test in a genital specimen	₽	

How to Find Cases – DRSi Case Finding Module

- Limitations of the Case Finding Module
 - False positives
 - Accession practices may record MTF as originator of the specimen
 - Most of the time, a lab test isn't enough to determine whether a case is reportable

SUMMARY REPORTS



Summary Reports



DRSi Users Contact List

Profile Help About Logout

NDRSi :: Medical Events Recorder Main Page

ha Riegodedios

To perform a Medical Events Recorder task, click on the appropriate task link presented below.

nt Reports | Patient Management

Summary Reports

Case Chart Analysis

 Medical Event Reporting frequency and by-age, wn charts.

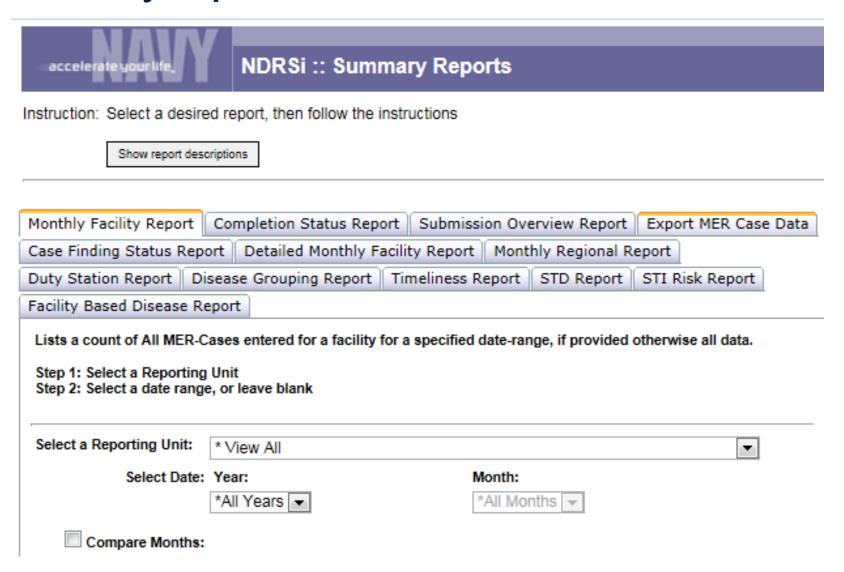


Summary Reports

Generate thirteen summary reports: Monthly Facility Reporting frequency, Completion Status Report, Submission Overview Report, Export MER case data to Excel, Case Finding Status Report, Detailed Monthly Facility Report, Monthly Regional Report, Duty Station Report, Disease Grouping Report, Timeliness Report, STD Report, STI Risk Report, and Facility Based Disease Report



Summary Reports





Summary Reports – Submission Overview Report

Monthly Facility Report | Completion Status Report | Submission Overview Report | Export MER Case Data Case Finding Status Report | Detailed Monthly Facility Report | Monthly Regional Report | Duty Station Report Disease Grouping Report | Timeliness Report | STD Report | STI Risk Report | Facility Based Disease Report Lists total number of MER-Cases reported by all facilities (available to each MER-Record) along with a last-date-report. Step 1: Select a Reporting Unit Select a Reporting Unit: 00259 - NMC San Diego • Submit Total Number of MER-Cases Reported: Number of MER Reporting Unit **Facility Name** Case Reported Date of Last Report 00259 NMC San Diego 17856 10/19/2015



Summary Reports – Completion Status Report

Monthly Facility Report	Completion Status Report	Submission Overview Report	Export MER Case Data	Case Finding Sta
Detailed Monthly Facility	Report Monthly Regional	Report Duty Station Report	Disease Grouping Report	Timeliness Rep
STI Risk Report Facilit	y Based Disease Report			
List of all Preliminary MEI Step 1: Select a Reporting	R-Cases (MER Status = "Prelimi g Unit	inary") for a facility		
Select a Reporting Uni	t: * View All		•	
Date Range	Start: Select 10/19/2015 Submit	End: Select		

Preliminary MER-Cases:

Case ID	FMP	Sponsor SSN	Last Name	First Name	Duty Status	Service Branch	ICD9 Code	Date of Onset	Date Recorded	Reporting Unit	
					Active Duty	Navy	Chlamydia	10/16/2015	10/20/2015	0067 - WALTER REED NATL MIL MED CNTR	Email
					Active Duty	Navy	Chlamydia	10/19/2015	10/20/2015	68095 - NH BREMERTON	Email:a
					Retired	Air Force	Chlamydia	10/19/2015	10/20/2015	68095 - NH BREMERTON	Email:a

Summary Reports – STD Report

onthly Facility Rep	oort Completion Statu	ıs Report	Submi	ssion Overview F	Report	Export MER Case Data	Case Fin
isease Grouping R	eport Timeliness Rep	ort STD	Report	STI Risk Repor	t Fac	ility Based Disease Repor	t
Date Range:	Start Date: 1/1/2015	Select	End Dat	e:	Select		
Submit							

	Selected Population Count	Selected Population Percent	Navy Population Count	Navy Population Percent
Total	203	100.0 %	4,783	100.0 %
Diagnosis				
Chlamydia	203	100.0 %	4,783	100.0 %
Age				
<= 17	5	2.5 %	65	1.4 %
18 ~ 24	134	66.0 %	3,411	71.3 %
25 ~ 30	48	23.6 %	920	19.2 %
31 ~ 35	5	2.5 %	210	4.4 %
36 ~ 40	2	1.0 %	99	2.1 %
>= 41	9	4.4 %		
Sex				
Male	117	57.6 %	2,506	52.4 %
Female	86	42.4 %	2,277	47.6 %
Status				
Active Duty	120	59.1 %	3,948	82.5 %
Other Beneficiary	83	40.9 %	835	17.5 %



HOW TO GET HELP

Contact your DRSi Helpdesk for questions on DRSi Access and Use

- Navy, Air Force, Coast Guard DRSi users:
 - Phone: 757-953-0954
 - E-mail: <u>usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ndrs@mail.mil</u>
- Army DRSi users:
 - Phone: 410-436-2377
 - Email: <u>usarmy.apg.medcom-phc.mbx.disease-epidemiologyprogram13@mail.mil</u>



Contact your Service Surveillance hub for Guidance and Consultation on Reporting

Army: APHC – Disease Epidemiology Program

Aberdeen Proving Ground – MD

Comm: (410) 436-7605 DSN: 584-7605

usarmy.apg.medcom-phc.mbx.disease-epidemiologyprogram13@mail.mil

Navy: Contact your cognizant NEPMU

NEPMU2: COMM: (757) 950-6600; DSN: (312) 377-6600

Email: usn.hampton-roads.navhospporsva.list.nepmu2norfolk- threatassess@mail.mil

NEPMU5: COMM: (619) 556-7070; DSN (312) 526-7070

Email: HealthSurveillance@med.navy.mil

NEPMU6: COMM: (808) 471-0237; DSN: (315) 471-0237 Email: usn.jbphh.navenpvntmedusixhi.list.nepmu6@mail.mil

NEPMU7: COMM (int): 011-34-956-82-2230 (local): 722-2230; DSN: 94-314-727-2230

Email: NEPMU7@eu.navy.mil

Air Force: Contact your MAJCOM PH or USAFSAM/PHR

USAFSAM / PHR / Epidemiology Consult Service

Wright-Patterson AFB, Ohio

Comm: (937) 938-3207 DSN: 798-3207

episervices@us.af.mil



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 - Please enter your name/service into the DCO chat box to the left or email your Service HUB
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